

**PART B—ISSUE FEE TRANSMITTAL**

142-1250  
561-45.00

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<b>1. CORRESPONDENCE ADDRESS</b>  <div style="text-align: right; margin-bottom: 10px;">18N2/0806</div> CHIRON CORPORATION INTELLECTUAL PROPERTY R440 PO BOX 8097 EMERYVILLE CA 94662-8097	<b>2. INVENTOR(S) ADDRESS CHANGE</b> (Complete only if there is a change) <div style="border: 1px solid black; padding: 2px;"> <b>INVENTOR'S NAME</b>  Street Address  City, State and ZIP Code  <b>CO-INVENTOR'S NAME</b>  Street Address  City, State and ZIP Code  <input type="checkbox"/> Check if additional changes are on reverse side </div>
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
02/410,941	02/27/95	013	KEMMERER, E	08/06/96

**First Named Applicant:** GOSPODAROWICZ, DENIS J.

**TITLE OF INVENTION:** TRUNCATED KERATINOCYTE GROWTH FACTOR (KGF) HAVING INCREASED BIOLOGICAL

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 0953.002	514-012.000	C80	UTILITY	NO	\$1250.00	11/06/96

45.00 Soft Copies  
\$1295.00 TOTAL

<b>3. Correspondence address change</b> (Complete only if there is a change)	<b>4. For printing on the patent front</b> page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
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1 Paul B. Simboli  
Grant D. Green  
2 \_\_\_\_\_  
3 Robert P. Blackburn

DO NOT USE THIS SPACE

<b>5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT</b> (print or type) (1) NAME OF ASSIGNEE: Chiron Corporation (2) ADDRESS: (CITY & STATE OR COUNTRY) Emeryville, California		<b>6a. The following fees are enclosed:</b> <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>15</u> <b>6b. The following fees should be charged to:</b> DEPOSIT ACCOUNT NUMBER <u>03-1664</u> (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____ The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) _____ (Date) <u>8/27/96</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.
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A. ☐ This application is NOT assigned.  
☒ Assignment previously submitted to the Patent and Trademark Office.  
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**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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on August 28, 1996  
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Diane D. Gliozzi  
(Name of person making deposit)

Diane D. Gliozzi  
(Signature)

August 28, 1996  
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